



**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application/Patent
Numbersas set forth in Schedule A appended
hereto

Filing/Issue Dates

as set forth in Schedule A appended
heretoAttorney Docket
Numbersas set forth in Schedule A appended
hereto

I hereby revoke all previous powers of attorney given in the above-identified application:

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

41504

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

41504

OR

☐ Firm or
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

☐ Applicant/Inventor.

☒ Assignee of record. See 37 CFR 3.71.
Statements under 37 CFR 3.73(b) are enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name

George Jen, Senior Patent Counsel

Signature

Date

3-19-03

Telephone

510.814.2766

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

Schedule A (as attached to PTO/SB/84)

[illegible]